



Hospitals Compete For Nurses

Raises, Sign-On Bonuses, Flexible Schedules and Other Benefits Are Part of the Remedy

By Ann Roberts Brice, Contributing Writer

Today, New Jersey's hospitals and medical centers find themselves competing among themselves and with other fields to attract enough high-quality nurses. The use of sign-on bonuses, pension enhancements, tuition reimbursement and higher salaries are not unusual - and not unlike practices of "blue-chip" corporations in strong economic cycles.

This year, the large wave of post-WWII baby boomers begins to turn age 60, which is likely to exacerbate the nursing shortages, which first surfaced in the late 1990s. The aging population brings with it increased needs for healthcare services - particularly for nurses who provide bedside care and carry out medical regimens.



Bella Visto has been a nurse for 31 years. Currently, she is assigned to the geriatrics unit at St. Joseph's Regional Medical Center, Paterson.

Healthcare experts believe that 2006 could signal the beginning of a nursing shortage of unprecedented proportion over the next decades, despite the fact that in the past, nursing shortages - such as one in the early '80s - have proved to be cyclical. Some experts say that the nursing shortage will peak by 2020.

Besides adverse health consequences, the shortage will have an economic impact on the healthcare system. Registered nurses (RNs) comprise the largest healthcare occupation in the U.S., providing 2.4 million or more jobs. Some 60 percent of these are in hospitals.

"A reduction in negative patient outcomes is brought about by strong nursing structures, staffing and development," says Kathleen Russell-Babin, RN, MSN, vice president of patient care services at St. Peter's University Hospital, New Brunswick.

A strong nursing capability prevents extra length-of-stay costs, promotes faster recovery and reduces complications costs. "This ultimately reduces the cost to the consumer," says Russell-Babin. St. Peter's, founded in 1906, is a 422-bed teaching hospital providing a broad range of services to the community from care of premature babies to specialized geriatric medicine.

In quantifying the financial impact of the shortage, Sharon Rainer, RN, deputy director of the New Jersey State Nurses Association (NJSNA), notes the \$17 billion in costs associated with preventable medical errors each year. These are "one of the biggest costs related to not having enough nurses," she says.

Nurses, unfortunately, are looked at as a cost in healthcare, Rainer notes, although some of the more progressive thinking is that "it's more of an advantage to hospitals to provide better nurse-patient ratios" and "it's a competitive advantage if you have the right skills mix and number of nurses."

"We're hearing of nurses taking care of far too many patients," notes Rainer, although the ratio of nurses to patients varies. "It's one to 10 on the medical-surgical floor, but with high acuity areas - with patients needing more care - such a ratio is worrisome." Overly high ratios lead to burnout and high turnover, she continues. The effect is also very costly.

Hospitals and other institutions including the University of Medicine and Dentistry of New Jersey (UMDNJ) are working to address nurse fatigue. Sara Torres, PhD, RN, dean and professor at UMDNJ - School of Nursing in Newark, says that nurse "burnout" is related to job satisfaction, which is in turn related to staffing levels and to nurse shortages.

UMDNJ partners with several hospitals in the state. Its nursing school graduated 167 nurses last year and offers advanced nursing certification in 12 specialty areas.

Torres notes that many current initiatives exist to address nurse shortages, ranging from local efforts to improve job satisfaction and retention to large-scale public campaigns to improve the image of the nursing profession and attract more men and women even from other fields.

UMDNJ has created accelerated programs for second career applicants [see sidebar on Page 38]. Second career nurses have more life experience, bringing something extra to the profession. Former business people, for example, tend to think along management lines as to how things in their units can work more smoothly.

Behind the Shortage

In the early 1990s, hospitals in New Jersey and other states hired re-engineering consultants who advised them to reduce nursing staff to cut costs. As a result, some then recent graduates and even experienced nurses were unable to secure hospital jobs.

Towards the end of the 1990s, however, hospitals realized that more nurses were needed. Unfortunately, by that time enrollment in nursing schools had dropped with steady declines from 1995 to 2000. Some believe that nurse recruitment has never quite recovered.

Despite this, enrollments in four-year baccalaureate programs in nursing have increased annually over the past five years. Enrollments across the U.S. rose by 13 percent from 2004 to 2005 alone in some 408 schools nationwide, reports the American Association of Colleges of Nursing (AACN).

However, some 32,000 applicants were turned away due primarily to a shortage of nurse educators. A common theme is that students graduate and go into staff nursing jobs earning as much as or more than their teachers, says Linda Parry Carney, president of the NJSNA and herself a full-time nurse educator.

The majority of instructors have been nurses for 25-30 years or more, and many of them may soon be retiring, which presents another problem, Parry Carney notes. At the same time, the nurse population itself is aging. Some 40 percent of New Jersey's RNs are over the age of 50, while only 5.5 percent are 30 and under. The question remains: who will replace the 40 percent of nurses when they retire?

Image Issues

Richard Hader, senior vice president for nursing at Meridian Health, believes that doctors' relationships with nurses have become more collaborative. In past decades, U.S. nurses had been closely linked to cleaning bedpans and other menial tasks, creating a demeaning image.

However, this image began to improve as nurses became college educated. Today, the traditional three-year program leading to RN state boards has been replaced by instruction at higher learning institutions. Previously, hospital nursing schools offered no college credits, making it difficult for nurses to get advanced degrees.

The three major educational paths that can be taken to become an RN are: a bachelor's degree; an associate's degree; and a diploma from an approved nursing program. Nurses who obtain advanced degrees and certifications receive incentive pay from employers upon their completion.

Things may continue to change sociologically between physicians and nurses, says Meridian's Hader, as half of Meridian's students and residents are women - roughly the same or perhaps even fewer than the national average. Meridian Health, a not-for-profit family of healthcare organizations, includes Jersey Shore University Medical Center, Neptune; Ocean Medical Center, Brick; and Riverview Medical Center, Red Bank.

Low Ratio of Male Nurses

The recruitment of male nurses is thought to be another option. While the societal stereotype that nurses are female still exists, higher pay has attracted more men, contends Hader, who himself began his career as a hospital nurse. Only about 5 percent to 7 percent of Meridian's nurses are male, reflecting the median male-female ratio in the U.S.

New Jersey's ratio of female-to-male nurses is 96.6 percent female, higher than the national norm. Many men gravitate towards critical care units and emergency rooms where one's physical strength is important, explains Hader. Some gained exposure to the field as medics in the military and others as paramedics with local EMS units.

Hader believes that nursing has failed to do a good job in promoting opportunities for male nurses, although he provides an excellent role model. Along the road to becoming a hospital executive, he earned a master's in nursing administration and a doctorate in nursing philosophy and research.

"High school students simply don't know enough about it to consider it as a career," notes Hader. To correct that, Meridian has launched a program to bring seventh and eighth graders to their hospitals to observe firsthand what nurses do and allow them to meet role models of both genders.

Along similar lines, Englewood Hospital and Medical Center has created a Nursing Apprentice Program with nearby Bergenfield High School in which students become volunteers and can observe RNs in action. The program is funded as part of a three-year \$400,000 grant from the Robert Wood Johnson Foundation.

Englewood "shines among its peers," claims Edna Cadmus, RN and PhD, senior vice president of patient care services. At Englewood, affiliated with the Mt. Sinai School of Medicine, 66 percent of nurses have a Bachelor's or Master's degree compared with 58 percent nationwide.

Cadmus considers the term "burnout" to be overused; noting that it's sometimes a catchall phrase explaining why nurses are leaving the field. At her hospital, the average tenure for nurses is 15.2 years compared with 8.1 years nationwide. Also, Englewood has a relatively low turnover rate (i.e., 5.6 percent compared with 11.57 percent nationwide).

Starting salaries for RNs in Bergen County are \$55,000 per year. Englewood, close to New York City, must be competitive, Cadmus notes. The median earnings of experienced RN's are about \$54,000, Department of Labor data suggests - higher than for social workers, dieticians, teachers, paralegals, police officers and detectives.

Remedies Needed - Not Quick Fixes

Last fall, Acting Governor Codey released the report of the Advisory Council for the Promotion of the Profession of Nursing in New Jersey titled "Remedies for the Nursing Shortage." It had been set into motion two years prior by an executive order which also established the New Jersey Collaborating Center for Nursing at Rutgers with funding of \$1.2 million.

The 29 recommendations in the council's report for the next 15 years are based on testimony at three public hearings, a panel of experts on specific issues and input from council members. While none have been adopted thus far, some things are happening "outside the effects of the report," comments NJSNA's Parry Carney.

Institutions of higher learning have begun to review curriculums, Carney says, to create a standard nursing curriculum model so nurses can transition from associate to bachelor's programs more easily. Also, the N.J. Department of Labor has developed a program that facilitates people getting into nursing programs.

Another high priority recommendation was to launch a major demonstration project to study specific nurse-to-patient ratios. Later, the ratios would be mandated by the Department of Health and Senior Service (DHHS) for all hospitals and nursing homes.

By year end, the U.S. Congress had not yet finalized the fiscal 2006 appropriations bill for nursing workforce development programs under Title VIII of the Public Health Service Act, the largest source of federal funding for nursing education.

The American Nurses Association (ANA) has requested \$156 million, which is about the same as last year's funding level for Title VIII programs. The ANA says that this modest amount compares with "billions of dollars of federally-supported physician education each year."

Making a Difference

Government and healthcare experts have been sounding the wake up call about the shortages for several years. It is now forecast that a healthcare crisis will hit the country around 2010 and gradually worsen (see N.J. supply-demand projections table see Page 40).

Foreign nurses are not the solution. Since 9-11, it takes much longer for foreign nurses to obtain the paperwork necessary for immigration. In addition, many countries around the world are facing shortage problems of their own.

The women's movement opened up the business world and put the medical and dental professions within the reach of young women, but not without some detriment to more traditional fields. Unlike previous generations, young women starting out have a broader range of options from which to select.

Such perks as flex time, higher wages, bonuses and immigration are considered to be "quick fixes." Experts say that systemic changes are needed including the fundamental perceptions of nurses in our culture. The next generation's workforce must be properly educated with the prerequisite courses in science and math.

The usual American solution of money and technology will not be enough. As one ages, someone must deliver to his or her healthcare needs. Someone must provide the compassion and intellect that makes the difference between survival and quality of life in one's later years.

Along with making a decent salary, "nurses make a difference - one patient at a time," says NJSNA President Parry Carney.